

EXHIBIT 15

Patient-centered healthcare

Author: Ryan, Thomas M

[ProQuest document link](#)

Abstract: [...] we can avoid problems like the elderly patient with 15 prescriptions by expanding the adoption of state-of-the-art, interoperable electronic health information technology systems.

Full text: A COUNCIL of Economic Advisors report this month underscored the devastating impact of healthcare costs on our economy: If trends continue, healthcare spending will devour more than one-third of America's GNP by 2040. To reduce costs meaningfully, we need government, industry, and medical institutions to forge a more coordinated, patient-centered approach to care, backed by the best available real-time data.

Consider the recent report of a 93-year-old who was advised by multiple doctors to take 15 different prescriptions, many unnecessary and some dangerous if taken together. This kind of situation happens all too often, as healthcare providers cope with systems that cannot provide a comprehensive view of a patient's medical history. Different medical professionals focus on different slices of a patient's care, often resulting in treatment options that are costly, ineffective, and confusing.

As a result, only a fraction of patients actually take the best available, least costly medicine for their condition. Clearly, we can do more to ensure that patients receive the right prescriptions and adhere to their prescribed drug regimens.

The statistics are startling, particularly for chronic but treatable conditions, like diabetes, hypertension, heart disease, and cancer, that are driving most of the increases in healthcare costs. CVS Caremark's research shows that one-quarter of original prescriptions for chronic conditions never get filled, and more than half of patients taking a maintenance medication will stop taking it within their first year, likely leading to significant increases in surgeries, unnecessary hospital admissions, and other costly treatments.

Why don't people take their medicines as prescribed? There are a number of reasons. Cost can be a factor, particularly when the patient is not insured, is taking multiple medications, or when there are no generic equivalents. But the reasons go well beyond costs, ranging from simple forgetfulness or fear of side effects to confusion about instructions or a false sense of wellness after a few doses. Many people also fail to take their medicines when they have treatable conditions like high cholesterol that are symptom-free.

By increasing prescription adherence, savings would be substantial, estimated at \$177 billion annually. Even a 10 percent improvement can save \$2,000 in annual costs for individuals with diabetes. With effective new heart drugs, we have seen that increased efforts to improve adherence reduce individual annual medical expenses by 40 percent while halving hospital re-admissions.

Significant improvements in treatment quality and adherence can be achieved by counseling patients more frequently and ensuring they are aware of cost-saving options, such as available generic substitutions, and discounts on 90-day prescriptions through programs like CVS Caremark's Health Savings pass, which offers \$9.99 prescriptions for more than 400 common maintenance medications for the uninsured and under-insured.

But much more can be done if the entire healthcare community works together to make this issue a priority.

First, policymakers should incentivize employers and health plans to emphasize disease management, prescription compliance, and wellness programs. Enabling healthcare professionals to address the root causes of common chronic illnesses is among the most cost-effective ways to improve care and decrease costs.

Second, we need to ensure that patients are always getting the most effective prescriptions. The broader use of comparative effectiveness research to evaluate different treatment options for the same condition can lead to more effective therapies, better healthcare decisions, and improved quality of care.

Finally, we can avoid problems like the elderly patient with 15 prescriptions by expanding the adoption of state-of-the-art, interoperable electronic health information technology systems.

The entire healthcare community has a responsibility to make medical treatments more effective and affordable. Savings programs, improved cooperation in making the best data available on a real-time basis, comparative effectiveness research, and an emphasis on disease management, prescription compliance, and wellness - none of which requires a legislative overhaul - would help create a healthcare system that serves more people better while costing less.

Thomas M. Ryan is chairman, CEO, and president of CVS Caremark.

Subject: Wellness programs; Health care expenditures; Patients; Medical treatment; Health care;

Publication title: Boston Globe

Pages: A.15

Publication year: 2009

Publication date: Jun 26, 2009

Year: 2009

Section: Opinion

Publisher: Globe Newspaper Company, Inc.

Place of publication: Boston, Mass.

Country of publication: United States

Publication subject: General Interest Periodicals--United States

ISSN: 07431791

Source type: Newspapers

Language of publication: English

Document type: Commentary

ProQuest document ID: 405157959

Document URL: <http://search.proquest.com/docview/405157959?accountid=30868>

Copyright: (c) The Boston Globe Jun 26, 2009

Last updated: 2011-09-22

Database: ProQuest Central

Contact ProQuest

Copyright © 2015 ProQuest LLC. All rights reserved. - [Terms and Conditions](#)